

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - 20-178S
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 05162201-2022

Tax ID: 38372

Issued To: KYLE & TERESA ANDERSON

Location: LOT 2 CSM #2144 IN V.12
P.315 (LOCATED IN NW NE) IN DOC
2020R-585338

Section 22

Township 50 N.

Range 06 W.

BELL

Govt Lot 0

Lot

Block

Subdivision:

CSM# 2144

For: Residential / Detached Garage / 36L x 26W x 18H

Condition(s): To meet all set backs, including eaves and overhangs. No plumbing permitted. No living quarters/bedrooms permitted. For personal storage only. Town/State/DNR permits may be required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Erica Meulemans

Authorized Issuing Official

Tue Jun 07 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0099
Date:	6-11-2022
Amount Paid:	\$175 6-1-22 SPR USE-A JIG
Other:	
Refund:	



INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: JOSIAH & KRESTA TRACH		Mailing Address: 1213 42 AVE NE	
Address of Property: 238 W E SPIRIT PT RD		City/State/Zip: COLUMBIA HEIGHTS MN 55421	
Email: (print clearly) ERIN@BANKPOINTVENTURES.COM		Telephone: —	
Contractor: —		Contractor Phone: —	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) J ERIN HUTCHINSON		Agent Phone: 774-3849	
PROJECT LOCATION Legal Description: (Use Tax Statement)		Agent Mailing Address (include City/State/Zip): PO Box 24 Herkstar 54844	
Tax ID# 7652		Recorded Document: (Showing Ownership) TAX BILL	
Gov't Lot 1		Lot(s) 1	
CSM 1693		Vol & Page 10/74	
CSM Doc # 1693		Lot(s) # 1	
Block #		Subdivision:	
Section 23, Township 51 N, Range 06 W		Town of: BELL	
Lot Size 1.54		Acreage 1.759	

<input checked="" type="checkbox"/> Shoreland	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline : — feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline : 150 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: holding tank	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> STR	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) Short term rental	(28 X 24)	592+72
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL

see attached

10-915
8-25-2010
3 Bdm

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	149 Feet		Setback from the Lake (ordinary high-water mark)	140 Feet
Setback from the Established Right-of-Way	Feet		Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	100 Feet			
Setback from the South Lot Line	140 Feet		Setback from Wetland	Feet
Setback from the West Lot Line	75 Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	230 Feet		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet		Setback to Well	Feet
Setback to Drain Field	Feet			
Setback to Privy (Portable, Composting)	Feet			
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.				
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.				

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 10-915	# of bedrooms: 3	Sanitary Date: 8-25-2010
Permit Denied (Date):		Reason for Denial:		
Permit #: 22-0099		Permit Date: 6-11-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Nothing out of the ordinary. House and garage appeared to be in line with blue prints provided		Zoning District (R-1) Lakes Classification ()		
Date of Inspection: 6-2-22		Inspected by: SM		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) Short term rental for to meet town conditions. For 3 bedroom rental only. Town/State/PR permits may be required. County Health Department permit needed.				
Signature of Inspector: Erica Madigan				Date of Approval: 6-3-22
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

APR 25 2022

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a Class A special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner JOSEAH + KIRSTA TRACH Contractor N/A
Property Address 2384D E Spirit Pt Rd Authorized Agent ERIN HUTCHINSON
CONVICTIA, WI 54827 Agent's Telephone 715-774-3849
Telephone 612-298-6488 Written Authorization Attached: Yes (X) No ()
Accurate Legal Description involved in **this request** (specify **only** the property involved with this application)
1/4 of 1/4, Section 23, Township 51 N., Range 06 W. Town of BELL
Govt. Lot 1 Lot 1 Block Subdivision CSM# 11693
Volume 10 Page 74 of Deeds Tax I.D.# 7652 Acreage 1.54
Additional Legal Description: 20222-593561 402D
Applicant: (State what you are asking for) short term rental permit approval Zoning District: R1 Lakes Classification 1

We, the Town Board, TOWN OF Bell, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Works with housing element and recreation element

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

Signed:

Chairman: [Signature]

Supervisor: [Signature]

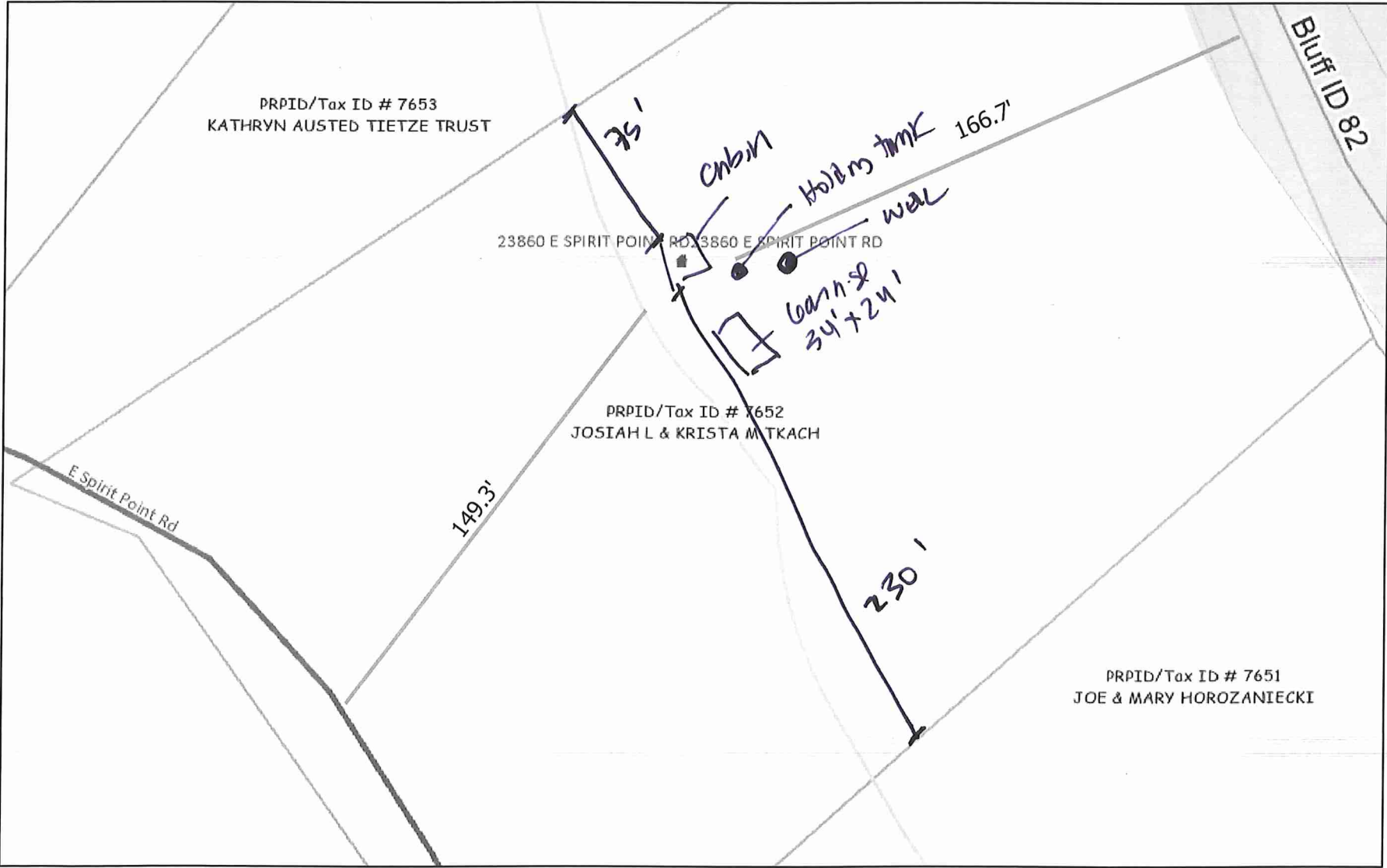
Supervisor: [Signature]

Supervisor: [Signature]

Clerk: [Signature]

Date: 4-19-2022

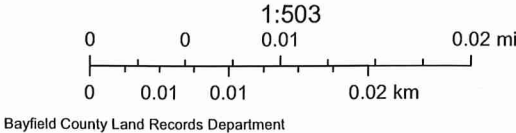
Bayfield County, WI



5/31/2022, 8:06:14 AM

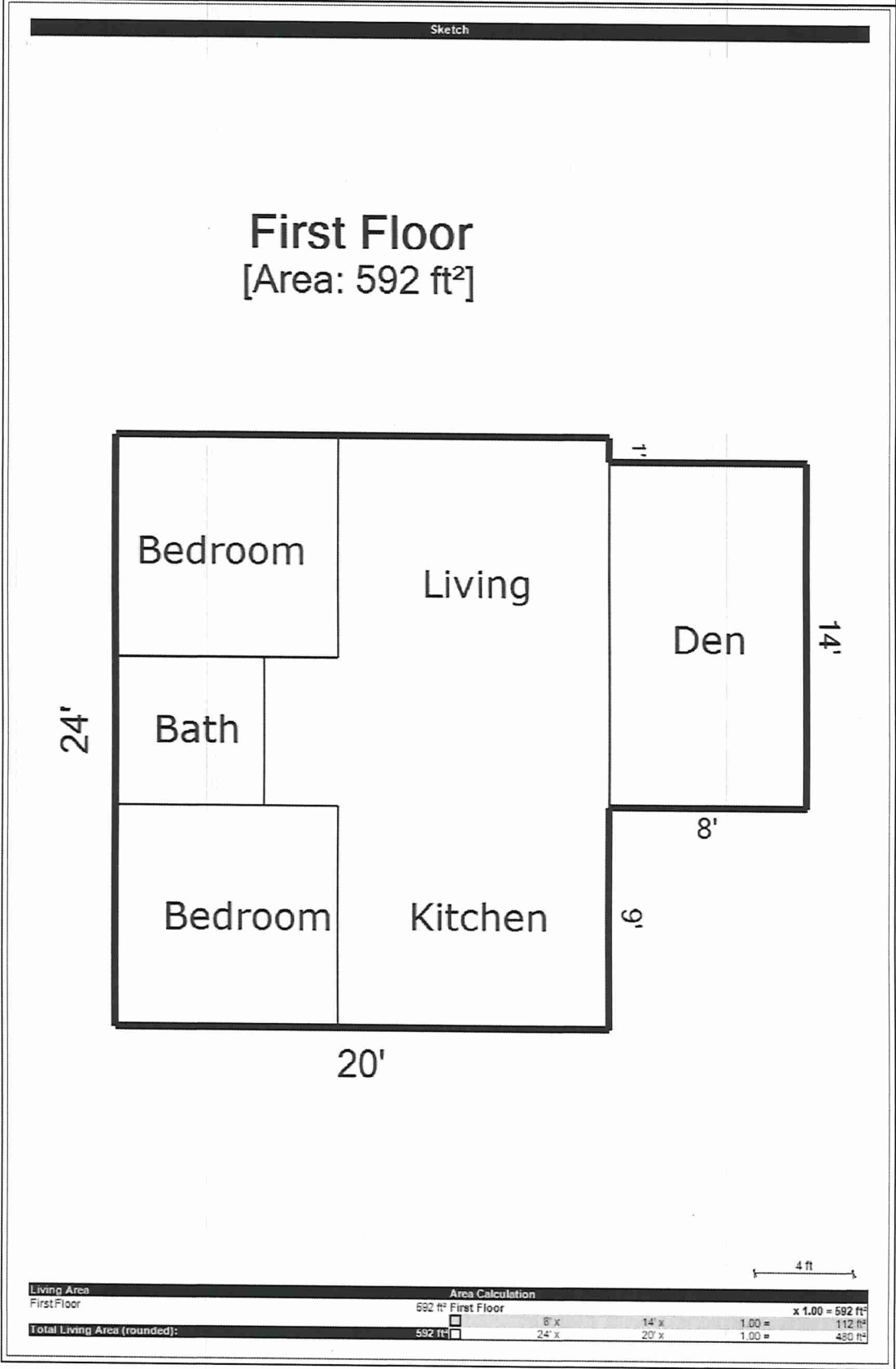
Rivers
Approximate Parcel Boundary

Road Type
Town
Lake Superior Shoreline Recession Segments
The average annual rate of bluff recession in this reach of shoreline is approximately 1.0 feet.



FLOORPLAN SKETCH

Borrower: Josiah/Krista Tkach		File No.: 220131-1
Property Address: 23860 E Spirit Point Rd		Case No.:
City: Cornucopia	State: WI	Zip: 54827
Lender: Bell Bank		



FLOORPLAN SKETCH

Borrower: Josiah/Krista Tkach		File No.: 220131-1
Property Address: 23860 E Spirit Point Rd		Case No.:
City: Cornucopia	State: WI	Zip: 54827
Lender: Bell Bank		

Sketch

34ft

24ft

1 Car Detached
[Area: 816 ft²]

6 ft

Nonliving Area	Area Calculation
1 Car Detached	816 ft²

March 26, 2022

RECEIVED

APR 25 2022

Bayfield Co.
Planning and Zoning Agency

To Whom It May Concern:

I am writing to inform you that I am granting permission to Erin Hutchinson & Bark Point Ventures to provide property management services to me for my property at 23860 E Spirit Point Road in Cornucopia, WI 54827.

Bark Point Ventures is authorized to act as my agent for the activities related to management of our vacation rental property, including, but not limited to communication and coordination with state & local government and agencies as needed to secure and renew permits.

Please contact me at 612-298-6488 with any questions.

Thank you,



Krista Tkach



Joe Tkach

Real Estate Tax Statement

BAYFIELD COUNTY, WISCONSIN

Printed: 3/26/2022 5:39:54 PM

RECEIVED

APR 25 2022

Bayfield Co.
Planning and Zoning Agency

TKACH , JOSIAH L & KRISTA M

Tax ID: 7652

Legacy PIN: 010105107000

PIN: 04-010-2-51-06-23-4 05-001-04000

JOSIAH L & KRISTA M TKACH
1213 42ND AVE NE
COLUMBIA HEIGHTS MN 55421

Property Description

Site Address: 23860 E SPIRIT POINT RD
Municipality: TOWN OF BELL
Description: (Not for use on Legal Documents)
SE S23-T51N-R06W GOVT LOT 1
Plat Name: GOVT LOT 1
LOT 1 CSM #1693 IN V.10 P.74 (LOCATED IN GOVT LOT 1) IN IN 2022R-593561 402D
Document: 2022R-593561
Acreage: 1.540

2021 Assessments

Code	Acres	Land	Impr.	Total
G1 - RESIDENTIAL	1.540	181,300	80,900	262,200
Total Values:	1.540	181,300	80,900	262,200
Estimated Fair Market Value:				302,500

Ownership

JOSIAH L & KRISTA M TKACH 1213 42ND AVE NE COLUMBIA HEIGHTS MN 55421

TAX RECORDS - KEY TO CODES

RE = Real Estate SA = Special Assessments PF = Private Forest
LC = Lottery Credit SC = Special Charges MFLO = Managed Forest Land Open
FD = First Dollar Credit DU = Delinquent Utilities MFLC = Managed Forest Land Closed

~~~ THERE ARE NO PRIOR DELINQUENT PAYMENTS DUE ~~~

| 2021 TAXES                          | GRE      | (FD)    | (LC)   | RE       | SA   | SC   | DU   | PF   | MFLO | MFLC | TOT      |
|-------------------------------------|----------|---------|--------|----------|------|------|------|------|------|------|----------|
| Tax Due:                            | 4,775.17 | (75.00) | (0.00) | 4,700.17 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,700.17 |
| Tax Paid:                           |          |         |        | 4,700.17 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,700.17 |
| Balance:                            |          |         |        | 0.00     | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00     |
| Tax ID 7652 Total Due For 2021 Tax: |          |         |        |          |      |      |      |      |      |      | 0.00     |

~~~ THERE ARE NO TAXES DUE ON TAX ID 7652 ~~~

Bayfield County Treasurer
JENNA GALLIGAN, PO BOX 397
WASHBURN WI 54891
Phone: (715) 373-6131

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X (Shoreland)
SANITARY – 10-91S
SPECIAL – A (Town of Bell-April 25, 2022)
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. 22-0099 Issued To: Josiah & Krista Tkach

Location: ¼ of ¼ Section 23 Township 51 N. Range 6 W. Town of Bell

Gov't Lot Lot 1 CSM# 1693 V.10 P.74 in Doc 2022R-593561

Residential Use in R-1 zoning district

For: (1-Unit) Short Term Rental of existing 1-Story Residence Irregular Shape (28' x 24) & Garage (24' x 34')=
Total sq. ft. of 1408

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): To be rented as a 3-bedroom residence. Contact County Health Department for permits.
Town/State/DNR permits may be required.

NOTE: This permit expires one year from date of issuance if the authorized construction
work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not
completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

June 11, 2022

Date

